## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000025473

Entity Name: UNIVERSITY HOUSING PROPERTY MANAGEMENT, LLC

FILED Apr 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5145 CITY STREET 319 N MAGNOLIA AVENUE ORLANDO, FL 32839 ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

5145 CITY STREET 319 N MAGNOLIA AVENUE ORLANDO, FL 32839 ORLANDO, FL 32801

FEI Number: 45-0499228 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SLATER, JOEL K
5145 CITY STREET
5145 CIT

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEANNIE L SKELLEY 04/08/2004

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MEMBERS:**

e: MGRM () Delete me: HAMAK US CORPORATION,

Name: HAMAK US CORPORA Address: 5145 CITY STR City-St-Zip: ORLANDO, FL 32839

Title: MGRM (X) Delete Name: SLATTEN, JOEL K Address: 5145 CITY STR

City-St-Zip: ORLANDO, FL 32839

Title: MGRM ( ) Delete

City-St-Zip:

Name: MARSTON & ASSOCIATES, , LLC. Address: 5145 CITY STR

ORLANDO, FL 32839

## ADDITIONS/CHANGES:

itle: MGRM (X) Change ( ) Addition

Name: HAMAK INC,

Address: 319 N MAGNOLIA AVENUE City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

Title: MGRM (X) Change () Addition Name: MARSTON & ASSOCIATES, , LLC. Address: 319 N MAGNOLIA AVENUE City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HENRY A MORTON MGRM 04/08/2004